**Islamic Republic of Afghanistan**

**جمهوری اسلامی افغانستان**

**Visa Application Form**

**فورمه درخواست ویزه**

|  |  |
| --- | --- |
| 1. **Personal Information** | |
| Title: | |
| Family Name: | |
| Given Names: | |
| Father’s Full Name: | |
| Date of Birth (Gregorian): DD/MM/YYYY | |
| Country of Birth: | |
| 1. **Level of Education** | |
| Degree: Specialization: | |
| Marital Status: Single Engaged Married Separated Widow/Widower | |
| Gender: Male Female | |
| Child: (Under 18 years) Yes No | |
| Country of Residence: | |
| Nationality: | |
| Other Nationalities: | |
| 1. **Contact Details** | |
| Current Address: | |
|  | |
| Email Address: | |
| Mobile: | Work Tel: |
| Home Tel: | Fax: |
| 1. **Employment Details** | |
| Current Occupation: | |
| Employer’s Name: | |
| Employer’s Address: | |
| Previous Occupation: | |
| Previous Employer’s Name: | |
| Previous Employer’s Address: | |
|  | |
| 1. **Visa Details** | |
| Visa Type: | |
| Purpose of Visit: Business Convention/Conference Education Employment          Exhibition Visiting Friends/Family Holiday Others | |
| Entry Date: | Point of Entry: |
| Intended Duration of Stay (Day): | Number of children Accompanied: |
| Places in Afghanistan intended to visit: | |
|  | |
| Complete Address in Afghanistan: | |
|  | |
| Have you ever visited Afghanistan before? Yes No      *If yes, please provide details:* | |
| Have you applied for Afghanistan Visa before? Yes No      *If yes, please provide details:* | |
| Do you have criminal records? Yes No      *If yes, please provide details:* | |
| 1. **Passport Details** | |
| Passport Type: | Passport Number: |
| Place of Issue: | |
| Issue Date: | Expiry Date: |
| I declare that the information provided in this application is true and correct. | |
| **Signature:** *(please sign within the box)*  Date: DD/MM/YYYY | Passport Photograph: *(please attach within the square bellow.)*  Please attach photo here  Guarantor must endorse the photo.  This is a true photo of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  |
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| **HEALTH QUESTIONAIRE** |
| **Have you ever had or are you under treatment for any of the following communicable diseases?**      Yes No (if Yes, please indicate.) |
| Ebola Intro virus D68 Flu Hanta Virus        HIV/AIDS Mealeas MRSA Pertusis Rabies                STD TB West Nile Virus |
| **Declaration:** |
| I, hereby, solemnly declare that all the information provided above are true and correct to the best of my knowledge.  Date: DD/MM/YYYY **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| **Receiving Office:** | |
| **Application Details:** | |
| Date of Application Received: DD/MM/YYYY | |
| Date of Application: DD/MM/YYYY | Visa Type: |
| **Comments:** | |
|  | |
| **Observations:** | |
|  | |
| **Passport Details:** | |
| Name: | Passport Number: |
| Visa Serial Number: | Issue By: |
| Issuing Office: | Date: DD/MM/YYYY |
| **Collected by/Send to:**  (Note: if collected by someone other than the applicant, written authorization must be provided by the applicant and retained on file.) | |